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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/781,255	02/13/2001	Takeshi Kawabe	862.C2114	6963
5514	7590	03/15/2005	EXAMINER	
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112			VIEAUX, GARY	
			ART UNIT	PAPER NUMBER
			2612	
DATE MAILED: 03/15/2005				

Please find below and/or attached an Office communication concerning this application or proceeding.



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Serial No. : 09781255
Applicant : Takeshi Kawabe
Filing Date : February 13, 2001
Date Mailed : March 15, 2005

ACKNOWLEDGEMENT OF REQUEST

Notice of Allowance/Allowability Mailed

The request for a corrected notice of allowance/allowability, dated January 10, 2005, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.



Santana Sibounheuang
For the Office of Patent Publication



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CONFIRMATION NO. 6963

Bib Data Sheet

SERIAL NUMBER 09/781,255	FILING OR 371(c) DATE 02/13/2001 RULE	CLASS 348	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. 862.C2114
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APPLICANTS

Takeshi Kawabe, Kanagawa-ken, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 2000-035443 02/14/2000

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/19/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 35	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

05514

TITLE

IMAGE SENSING APPARATUS, METHOD, MEMORY INVOLVING DIFFERENTIAL COMPRESSION OF
DISPLAY REGION BASED ON ZOOM OPERATION OR SPEED.

FILING FEE RECEIVED 2666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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